



Indiana
Department
of
Health

Maternal, Infant and Early Childhood Home Visiting (MIECHV)

American Rescue Plan (ARP)

2022-2024

Funding Opportunity Webinar

Laura Doggett

5/11/22

OUR MISSION:

**To promote, protect, and improve
the health and safety of all Hoosiers.**

OUR VISION:

**Every Hoosier reaches optimal health
regardless of where they live, learn,
work, or play.**



Agenda

- Welcome & Introductions
- Notice of Funding Opportunity
 - Award Information
 - Program Goals
- Application Information
 - Overview of each section
- Next Steps
- Questions

Welcome

- This session is being recorded and will be posted at:
 - [Health: MCH: Funding Opportunities](#)
- Please keep your microphone muted until questions at the end.
- Feel free to ask any questions in the chat and they will be addressed.

Introductions

Home Visiting Team

- Eden Bezy, MCH Director
- Laura Doggett, Federal Programs Manager
- TBD, Home Visiting Coordinator

Notice of Funding Opportunity

Award Information

- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) American Rescue Plan (ARP) Program to fund Nurse Family Partnership (NFP) services

Funding Opportunity Title:

MIECHV ARP FY22 NFP

Due Dates for Application:

Friday, June 10, 2022

Anticipated Total Available Funding:

\$706,383

Estimated Number and Type of Awards:

Up to 4 awards

Estimated Award Amount:

Amounts vary

Cost Sharing/Match Required:

No

Period of Performance:

10/1/2022-9/30/2024

Eligible Applicants:

Nurse Family Partnership National Service Office approved in-good standing or conditionally approved local agencies

Notice of Funding Opportunity

Program Goals

1. Expansion of the Nurse Family Partnership (NFP) to eligible families impacted by COVID-19 and not currently served by NFP
 - a. Priority must be given to at-risk communities as identified by the current [statewide needs assessment](#)
2. Develop a system of coordinated services and referrals
3. Coordinate necessary services outside of home visiting programs to address needs of participants

Notice of Funding Opportunity

Reporting Requirements

- Follow HRSA's required reporting for MIECHV program, but documented separately
 - Clients are designated "MIECHV ARP" from enrollment –served by home visitors for whom at least 25% of their salary are paid for by MIECHV ARP
- Quarterly Report Due 15 days after end of reporting periods
 - Q1 – October 1-December 31;
 - Q2 – January 1-March 31;
 - Q3 – April 1-June 30; and
 - Q4 – July 1-September 30.

Data forms are available online at:

[Form 1: Demographic, Service Utilization, and Select Clinical Indicators](#)

[Form 2: Performance and Systems Outcome Measures](#)

[Form 4: Quarterly Data Collection](#)

Application Information

To be considered for this competitive funding, a completed application must be received by IDOH by NO LATER THAN: **Friday June 10, 2022 at 5pm EST**

SUBMIT APPLICATIONS VIA EMAIL TO: Idoggett@health.in.gov

Posting a Request for Applications	May 2, 2022
Webinar/open office for Q&A	May 11, 2022
Deadline to Submit Written Questions	June 3, 2022
Application due date	Friday, June 10, 2022
Anticipated Award Announcements	June 24, 2022
Home Visiting Begins	October 1, 2022
Project Concludes	September 30, 2024

Application Information

Important Application Documents

1. MIECHV ARP RFA Guidance
2. MIECHV ARP Application Template – Fillable PDF
3. Attachment A – Work Plan Template
4. Attachment B – Budget Template
5. MIECHV ARP – FAQs

Available at: <https://www.in.gov/health/mch/funding-opportunities/>

RFA Guidance

- [MIECHV ARP RFA Guidance](#)
- Navigate using Table of Contents
- Please reference this document when completing the application

The screenshot displays the RFA application interface. On the left, a 'Table of Contents' sidebar lists the following sections: Funding Opportunity Details, Award Information, Application Information (with sub-items: Application Outline, Section 1: Primary Information, Section 2: Project Overview, Section 3: Program Overview, Section 4: Budget Justification, Section 5: Required Attachments), and Additional Information. The main content area on the right features a dark gray background with the title 'Maternal, Infant and Early Childhood Home Visiting (MIECHV)' in large white serif font, and 'American Rescue Plan' in a smaller white serif font below it. A blue box in the top left corner of the main area indicates 'FY 2022 – FY 2023'. To the left of the title, there is a decorative graphic consisting of several light blue squares arranged in a stepped pattern.

Application Template

- Fillable PDF – use this format only
- Reference “MIECHV ARP RFA Guidance” document for specific information to include in each section

MIECHV ARP 2022

Application Template

Please reference the Request for Application document for required information in each section.

Please complete the following form and return to ldoggett@health.in.gov by 5:00PM EST on **June 10, 2022**.

SECTION 1 Primary Information	
Program Name	
Organization Name	
Project Director	
Title	
Email	
Primary Contact	
Title	
Email	
Textable Phone Number	
Signatory Contact	
Title	
Email	
Textable Phone Number	

Section 1: Primary Information

- Program and Organization Name
- Contact information for Project Director, Primary Contact, and Signatory Contact
- Project Director and Primary Contact should be those directly involved with the program

SECTION 1 Primary Information	
Program Name	
Organization Name	
Project Director	
Title	
Email	
Primary Contact	
Title	
Email	
Textable Phone Number	
Signatory Contact	
Title	
Email	
Textable Phone Number	

Section 2: Project Overview

- **Short** description
- Funding totals by year
- Counties/communities served
- Anticipated caseloads by year and by county

SECTION 2 Project Overview October 1, 2022-September 30, 2024		
Provide a one-sentence description of your program or initiative.		
Total Funding Amount Requested for First 2 Years	Year 1:	
	Year 2:	
	Total:	
Program Funding Date	October 1, 2022-September 30, 2024	
Counties and/or Zip code Served		
Anticipated caseload for this program if funded	Year 1:	
	Year 2:	
	Total:	
Anticipated Caseload by county and/or zip code		
County/Zip code to be served	Caseload of Family slots for Year 1 (10/1/22-9/30/23)	Caseload of Family slots for Year 2 (10/1/23-9/30/24)

Section 3: Program Overview

RFA Guidance

Application Template

SECTION 3: PROGRAM OVERVIEW

SECTION 3-A: COMMUNITY NEED

This section must provide a clear picture of the proposed community to be served through this NFP expansion. Describe the community needs for expanded services to the NFP home visiting program:

- Identify the new at-risk communities where you intend to provide NFP services with the MIECHV ARP funding, which does not supplant current available funding for home visiting service delivery. Explain why you propose to provide services in new at-risk communities and the current need for NFP in the community as well as identified impacts of COVID-19. Include documentation from identified data sources, including how it aligns with the highest risk counties in the [statewide needs assessment](#).
- Describe any target subpopulations to whom you propose to serve, among eligible families living in proposed expansion area.
- Identify the number of low-income births per year within the community or catchment area in which the organization would propose to provide NFP services. How was this determined? ([include](#) full citation for data source).

SECTION 3 Program Overview

SECTION 3-A COMMUNITY NEED: This section must provide a clear picture of the proposed community to be served through this NFP expansion.

Section 3: Program Overview

3. Program Overview

- A. Community Need
- B. Program Description
- C. Recruitment
- D. Project Goals
- E. Partnerships

SECTION 3 Program Overview
SECTION 3-A COMMUNITY NEED: This section must provide a clear picture of the proposed community to be served through this NFP expansion.
SECTION 3-B PROGRAM DESCRIPTION: This section must provide a clear picture of the proposed expansion of NFP services.
SECTION 3-C RECRUITMENT: In this section, describe recruitment strategies.
SECTION 3-D PROJECT GOALS: This section should describe how the program intends to achieve the proposed goals, outcomes, and objectives.
SECTION 3-E PARTNERSHIPS: This section should include a description of how this program will partner with community members and organizations.

Section 3: Program Overview

3. Program Overview

F. Health Equity

G. Data and Evaluation

H. Continuous Quality Improvement

I. Sustainability Plan

SECTION 3 Program Overview
SECTION 3-F HEALTH EQUITY: This purpose of the section is to describe how you will ensure health equity for the program.
Section 3-G DATA AND EVALUATION: Describe your organization's ability to collect data to adequately demonstrate progress being made to achieve project goals and objectives.
SECTION 3-H CONTINUOUS QUALITY IMPROVEMENT: Describe how the organization currently utilizes continuous quality improvement (CQI).
SECTION 3-I SUSTAINABILITY PLAN: Outline a plan for how the program activities will be sustained at the conclusion of this one-time funding.

Section 4: Budget Justification

- Please explain each cost listed in the budget template (Attachment B) in the budget justification section
- Budget Template is provided (Attachment B) - **updated version available**
 - Budget for two years separately
 - Year 1: 10/1/2022-9/30/2023
 - Year 2: 10/1/2023-9/30/2024
- Reference 'RFA Guidance' document for unallowable expenses

Section 5: Required Attachments

Attachment A: Work Plan – Template provided

- Minimum of 3 goals with 2 objectives each
- Goals must be SMARTIE
 - Specific
 - Measurable
 - Attainable
 - Relevant
 - Time-based
 - Inclusive
 - Equitable

Applicant Name: _____

The following is just a template for the work plan. Please add as many goals, objectives, and activities that are needed for the program. It could be less or more than what is laid out on the template. Please be sure to fill all categories of Goal, Objective, Rationale, Activity, Person Responsible, Measures, and Completion Date. Applications will be considered incomplete if this template is not included. **There is a requirement of a minimum of 3 goals with 2 objectives each, but more can be added.**

October 1, 2022-September 30, 2024

Goal 1:

Objective 1:

Objective Rationale:

Activity	Person Responsible	Measures of Accomplishment	By When

Section 5: Required Attachments

Attachment A: Work Plan – Example

October 1, 2022-September 30, 2024

Goal 1: Expand NFP services to identified counties to improve health outcomes for families.

Objective 1: By December 2022, two nurse home visiting staff will be hired to serve the identified region.


Objective Rationale: The foundation of a successful NFP program is building strong relationships with clients. In order to achieve this, it is important to hire key staff who can communicate and connect with the communities served.

Activity	Person Responsible	Measures of Accomplishment	By When
Create and post job listing	Hiring Manager	A number of potential candidates identified	10/15/2022
Send mailers	Hiring Manager	Send xx mailers in the targeted area	10/30/2022
Interview and hire NHV	Hiring Manager	Conduct extensive interviews	12/1/2022
Orientation	Nurse Supervisor	Provided comprehensive orientation	12/31/2022
NFP training	Nurse Supervisor	Follow model protocol for training	Ongoing – fully trained by 9/30/2023

Section 5: Required Attachments

Attachment B: Budget Template

- Summary Tab (will populate totals)
- Year 1 Budget
 - Year 1 – A: Personnel
 - Year 1 – B: Expenses
 - Year 1 – C: Travel
- Year 2 Budget
 - Year 2 – A: Personnel
 - Year 2 – B: Expenses
 - Year 2 – C: Travel
- Budget Definitions

	Maternal, Infant and Early Childhood Home Visiting (MIECHV) American Rescue Plan (ARP)		
Application Budget			
Name of Organization:			
Employer ID Number (EIN)		Fiscal Years	2022-2024
Address:			
City:		State:	Indiana
		Zip:	
Phone:		Fax:	
Website:			
Name of Chief Executive:			
Title:		Phone:	
Email:			
Name of Program Contact:			
Title:		Phone:	
Email:			

Please use whole numbers
Yellow highlights indicate required fields
Gray cells contain data
See "Budget Definitions" tab for more information
Rounded values

> ☰

Summary

Year 1 - A

Year 1 - B

Year 1 - C

Year 2 - A

Year 2 - B

Year 2 - C

Budget Definitions

Section 5: Required Attachments

Attachment B: Budget Template

- Use whole numbers to avoid rounding issues
- Enter information in the yellow cells
- Gray cells are locked and cannot be modified
- See "Budget Definitions" tab for more information
- Totals for each category use only whole numbers

Worksheet Notes:	
Please use whole numbers only to avoid rounding issues	
Yellow highlighted cells require program input	
Gray cells contain formulas; cells are locked and cannot be modified	
See " Budget Definitions " tab for more information	
Rounded whole numbers used for totals	

Attachment B: Budget Template **Example**

Example budget available for reference: [Health: MCH: Funding Opportunities](#)

Summary

- Organizational information
- Budgeted amounts populate

Total Award Requested: Year 1 & Year 2		\$	340,953
MIECHV ARP FUNDS REQUESTED Year 1 October 1, 2022 - September 30, 2023			
Year 1 - A Personnel Worksheet	Salary Total:	\$	68,745
	Fringe Benefits Total:	\$	17,186
	Contracts Total:	\$	7,500
Year 1 - B Expense Worksheet	Equipment Total:	\$	10,000
	Supplies Total:	\$	3,201
	Contractual Services Total:	\$	15,881
	Other Operating Total:	\$	13,442
Year 1 - C Travel Worksheet	In-State Travel:	\$	2,976
	Out of State Travel:	\$	2,192
	Travel Total:	\$	5,168
Total Year 1		\$	141,122
MIECHV ARP FUNDS REQUESTED Year 2 October 1, 2023 - September 30, 2024			
Year 2 - A Personnel Worksheet	Salary Total:	\$	121,792
	Fringe Benefits Total:	\$	30,448
	Contracts Total:	\$	7,500
Year 2 - B Expense Worksheet	Equipment Total:	\$	-
	Supplies Total:	\$	5,700
	Contractual Total:	\$	15,260
	Other Total:	\$	12,000
Year 2 - C Travel Worksheet	In-State Travel:	\$	4,939
	Out of State Travel:	\$	2,192
	Travel Total:	\$	7,131
Total Year 2		\$	199,831

Attachment B: Budget Template Example

Year 1 - A Personnel Example

- Salaries & Wages
- Fringe Benefits
- Consultant & Temporary Staff

Year 1 - A: Personnel Worksheet Salary, Fringe, Consultants & Temporary Employees Budgets						
Subrecipient Name:	NFP Partner					
Budget Period:	October 1, 2022 - September 30, 2023					
\$ 68,745	*Salaries and Wages					
*Rounded whole	numbers used for total					
	Name	Position Title	Justification	Annual Salary	% of Time	Months
	Name	Nurse Home Visitor	Serving New County	\$ 58,765.00	50%	12
	Name	Nurse Home Visitor	Serving New County	\$ 52,789.00	50%	12

\$ 17,186	*Fringe Benefits					
*Rounded whole numbers used for total						
Note: Enter in the calculated percentage of fringe benefits for all employees. Enter any additional benefits (Health, Dental, Vision & Other Benefits) individually for each employee as a dollar amount.			Fringe Calculation for all Salaried Employees	Health, Dental, Vision	Other Benefit	Other Benefit
			25.00%	\$0	\$0	\$0
	Name	Position Title	Fringe	HDV	Other Benefit	Other Benefit
	Name	Nurse Home Visitor	\$ 7,346			
	Name	Nurse Home Visitor	\$ 6,599			
	Name	NHV Supervisor	\$ 3,242			

\$	7,500	*Consultants & Temporary Staff					
*Rounded whole numbers used for total							
	Consultant Name		Position Title		Contract Total		
	Organization Name - Staff Name		Director of Healthcare Systems		\$ 7,500.00		
	0		0		\$ -		
	0		0		\$ -		
	0		0		\$ -		
	0		0		\$ -		
			Total		\$ 7,500.00		
	Consultant Name		Organization Name - Staff Name			Hourly Bill Rate:	\$ 125.00
	Position Title		Director of Healthcare Systems			Hours per Month:	5
	Nature of Services		Engagement of healthcare systems providing continued support on all fronts			Number of	12

Attachment B: Budget Template **Example**

Year 1 - B

Expenses Example

- Equipment
- Supplies
- Contractual Services
- Other Operating

Year 1 - B: Expenses Worksheet Equipment, Supplies, Contractual & Other Budgets			
Subrecipient Name:	NFP Partner		
Budget Period:	October 1, 2022 - September 30, 2023		
\$ 10,000	Equipment Total	Note: Equipment are items greater than \$5,000 per unit and with a lifespan greater than one year.	
*Rounded whole numbers used for total			
	Item Description	Justification	
\$ 3,201	Supplies Total	Note: Supplies are items less than \$5,000 per unit typically consumed in less than one year.	
*Rounded whole numbers used for total			
	Item Description	Justification	
	Office Supplies	General office supplies paper files pens etc.	
\$ 15,881	Contractual Services Total	Note: Include NSO fees under 'Contract Services'	
*Rounded whole numbers used for total			
	Vendor Name	Description of Services	Cost Per Unit
	Contract Services		
	NSO Fees	NFP support fees	\$ 10
	NFP Administrator Training	Training for new supervisor	\$
\$ 13,442	Other Operating Total		
*Rounded whole numbers used for total			
		Item Description	Justification for Program Use
	Rent & Utilities	Rent	for new county office space
			\$ 1,000.15

Attachment B: Budget Template Example

Year 1 - C Travel Example

- In-State
- Out of State

\$	2,976	In-State Travel Total	Note: Per diem & lodging only allowed if trip is 2 or more days								See "Budget Definitions" tab for more information			
*Rounded whole numbers used for total			Rounded whole numbers used for total											

Section 5: Required Attachments

Attachment C: Letter of Support (from NFP NSO)

Attachment D: Organizational Chart

Attachment E: Position and Job Descriptions

Attachment F: Other State Funding Synopsis

Frequently Asked Questions

- Can my organization apply to increase NFP services within counties already served?
 - Yes, organizations can expand within a county, but must identify new communities where Indiana MIECHV funds do not currently support home visiting services and does not supplant current available funding available for home visiting service delivery.
- Is MIECHV ARP funding separate from MIECHV formula (X10) grant funding?
 - Yes, MIECHV ARP funding is separate from MIECHV formula funding. If funded by both grants, recipients will need to track program activities and funding separately.
- Is there a limit for funds that can be requested?
 - Yes, applicants cannot request more than the total award amount of \$706,383. Up to four awards will be announced.

Next Steps

- Please submit any additional questions to ldoggett@health.in.gov
 - Deadline to submit questions: June 3rd
 - FAQs will be regularly updated at: <https://www.in.gov/health/mch/funding-opportunities/>
- Applications due: **June 10th, 2022**
- Notice of Awards: **June 24th, 2022**
- Start of program: **October 1st, 2022**

Questions?

CONTACT:

Laura Doggett

ldoggett@health.in.gov

